

**SCHEDULE A-P  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Christie for President, Inc.

**A. Full Name (Last, First, Middle Initial)**

JENNIFER L. ZAIRI

Mailing Address 20 CALAIS RD

City

MENDHAM

State

NJ

Zip Code

07945-2210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELFOccupation  
SAHM

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2730.00

**Transaction ID : SA17.35985**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	0		2	0	1	5

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

**REFUND TO BE ISSUED****B. Full Name (Last, First, Middle Initial)**

MRS. AUDREA ZAK

Mailing Address 3530 EL RICON WAY

City

SACRAMENTO

State

CA

Zip Code

95864-2915

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NICHOLSON CORPORATIONOccupation  
VP

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.34243**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	7		2	0	1	5

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

**C. Full Name (Last, First, Middle Initial)**

MR. MITCH ZAK

Mailing Address 2203 MERINO COURT

City

ROCKLIN

State

CA

Zip Code

95765-4620

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RANDLE COMMUNICATIONSOccupation  
PARTNER/CO-OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.34244**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	7		2	0	1	5

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

**Subtotal Of Receipts This Page (optional)**.....

8100.00

**Total This Period (last page this line number only)**.....